



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

Amendment of Current IEP

Students Name	Initials	Birthdate	Today's Date
Parent(s) Name	IEP Manager and Phone Number		District/School

The following area(s) of the student's IEP dated _____ have been amended:
Attach a copy of the IEP page(s) or document to show the amendment(s).

- ☐ Consideration of Special Factors
- ☐ Orientation and Mobility/Braille Instruction
- ☐ Adding Special Education Service or Related Service
- ☐ Removing Special Education Service or Related Service
- ☐ Measurable Annual Goals and/or Short-term Objectives/Benchmarks
- ☐ Hours Per Week in Special Education or General Education Setting
- ☐ Participation in State/Districtwide Assessments
- ☐ General Education Accommodations/Modifications
- ☐ Extended School Year
- ☐ Transition Services
- ☐ Behavior Plan
- ☐ Other: _____

Reason for amendment(s):

Date on which the amended changes are to begin: _____

The following persons, as indicated by their signatures, have approved the amendment(s) to the IEP:

Parent	Date	Parent	Date
Student	Date	Special Education Teacher	Date
Administrator or Designee	Date	Speech/Language Pathologist	Date
Regular Education Teacher	Date	School Psychologist	Date
Signature/Position	Date	Signature/Position	Date